PREMENSTRUAL SYNDROME

I. INTRODUCTION

Premenstrual syndrome (PMS) is a psycho-neuroendocrine disorder with biological, psychological and social parameters that occur regularly in the luteal phase of the menstrual cycle. Although more than 150 symptoms have been attributed to PMS, a relatively discrete number of core symptoms have been shown through well-controlled studies to constitute the syndrome (Appendix A). The diagnosis depends on the demonstration of true cyclicity of symptoms and the exclusion of other medical and psychiatric disorders. (Appendix B).

II. PRINCIPLES OF DIAGNOSIS

A. Symptoms occur in the second half of the menstrual cycle.
B. There is a symptom-free period of at least 7 days (day 4 through 12) in the first half of the cycle.
C. Symptoms occur in each of 3 consecutive cycles, as demonstrated in a prospective symptom calendar.
D. The problem is of a magnitude sufficient to affect a woman's work, lifestyle or interpersonal relationships.
E. The highest incidence of PMS is in women age 30-39. It is rarely encountered in adolescents. With both definition and etiology unclear, therapy is controversial.
F. Premenstrual dysphoric disorder (PMDD) is a more severe mood disorder related to PMS. To meet the criteria for the diagnosis of PMDD, in contrast to PMS, a woman must have at least a 1-year history of symptomatology, and at least 5 symptoms each month including emotional symptoms and the emotional symptoms must seriously impair the woman's life. Women with PMDD must meet the criteria for the diagnosis as it appears in the American Psychiatric Association Diagnostic and Statistical Manual of Mental disorders.

III. PLAN OF ACTION

A. A history and physical exam should be done to exclude organic causes of the client's symptoms.
B. The client should keep a 3-month calendar diary of symptoms and indicate whether they are mild or severe (Appendix C). A woman who is overwhelmed by a series of complaints should chart only the 3 to 5 complaints that most profoundly bother her.
C. The absence of a symptom-free interval or presence of symptoms of PMDD suggests the need for further medical and/or psychiatric evaluation (Appendix A).
D. It is likely several mechanisms are involved in producing the symptoms of PMS. Therapy should be individualized for each woman's specific problems.

E. General measures for management of PMS include:
   1. Reassurance and informational counseling.
   2. Reduction of salt, sugar, and caffeine consumption.
   3. Increase complex carbohydrates in diet.
   4. Relaxation techniques: biofeedback, behavioral techniques, and group support.
   5. Regular exercise program.

F. Taking 1,200 mg of elemental calcium daily might be beneficial for the reduction of PMS symptoms.

G. Vitamin B_6, 50-100 mg/day may be helpful.

H. Many clients find the use of oral contraceptives relieves PMS. For clients who have symptoms of PMS while taking oral contraceptives, an adjustment in formulation or dosage may be beneficial. Clients may consider continuation of OCPs specifically approved for the treatment of PMS and PMDD.

I. Clients diagnosed with PMS and not responding to lifestyle changes and non-medication therapy or those symptomatic of PMDD should be referred to a physician for pharmacologic intervention such as diuretic therapy and antidepressant therapy.

K. Clients with PMS or PMDD need continuity of care since support is essential to management. These clients require frequent visits for evaluation and counseling, and referral to a specialty clinic or private physician should be considered.

REFERENCES

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   Hatcher RA et al. Contraceptive Technology. 19th Revised Edition. Ardent Media, Inc., New York, 2007

2. ACOG. Premenstrual Syndrome. Practice Bulletin #15, April 2000
   Schuiling, K., Likis, F., Women's Gynecologic Health., Jones and Bartlett, Sudbury, MA, 2006.

APPENDIX A	
SYMPTOMS OF PREMENSTRUAL SYNDROME	
MOOD DISTURBANCES	**COGNITIVE SYMPTOMS**
Anxiety Irritability Tension Mood swings/Labile Mood Depression Anger Hostility	Confusion Difficulty concentrating Oversensitivity Forgetfulness

SOMATIC SYMPTOMS	BEHAVIORAL CHANGES
Fatigue	Food cravings
Bloating	Social withdrawal
Breast tenderness	Argumentative behavior
Acne	Social isolation
Swelling	Crying spells
Gastrointestinal symptoms	
Increased appetite	
Headache	
Insomnia	
Joint pain	
Constipation	

APPENDIX B	
DIFFERENTIAL DIAGNOSIS	
PSYCHIATRIC ILLNESS	**MEDICAL ISSUES**
Major depressive disorder Bipolar disorder Panic disorder Posttraumatic stress disorder Somatization disorder Personality disorder Substance abuse	Vascular headaches Cardiovascular disease with edema Renal disease Hepatic disease Hypothyroidism Irritable bowel

APPENDIX C

PREMENSTRAUL SYNDROME CALENDAR

CODE	SYMPTOM LIST	DAY	MONTH	MONTH	MONTH	MONTH
T	Tension	1				
IR	Irritability	2				
D	Depression	3				
AX	Anxiety	4				
MS	Mood Swings	5				
FO	Forgetfulness	6				
DC	Difficulty concentrating	7				
FA	Fatigue	8				
AS	Abdominal symptoms	9				
HA	Headaches	10				
BT	Breast Tenderness	11				
S	Swelling	12				
BL	Bloating	13				
IN	Insomnia	14				
CS	Crying spells	15				
		16				
		17				
		18				
		19				
		20				
		21				
		22				
		23				
		24				
		25				
		26				
		27				
		28				
		29				
		30				
		31				

Instructions:

1. Check off the symptoms you experience most frequently. If you have other symptoms not on the list, write them in the spaces provided and give them a code different from any other on the list.
2. On the date you experience any symptom(s) on the list, fill in the codes(s) in the space next to the date. Do not wait a few days to list your symptoms because you may either minimize or over-emphasize your symptoms.
3. If your symptoms are mild, use small letters(ie: ax); if severe, use capital letters (ie: AX)
4. Each day you have menstrual bleeding write an “M” with a circle around it.